



Joeli Hettler

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Dear Members of the Northampton School Committee,

First, I would like to thank you for your service. I know that none of you signed up for a crash course in public health when you took on the responsibility of serving on the school committee. From a parent with kids in the Northampton Public Schools who doesn't have time to serve as you do, please know I am grateful for the sacrifices you make to do this important work.

I am the division chief for the Pediatric Emergency Department at Baystate. As the "front door" to the only local pediatric hospital, my unit cares for the sickest kids in Western MA and often serves as a "canary in the coal mine" for a variety of issues. This epidemic has given me the opportunity to think deeply and often about the health and safety of our children, our caregivers (both in the hospital and at home), and our responsibility to society. In addition, in my leadership role for our health system, I've been involved in the decision-making around the practices we use to keep our teams and patients healthy. I am familiar with many facets of this epidemic and have been asked to share my COVID-transmission expertise with local community groups to assist them as they step up to meet their various missions during this difficult time.

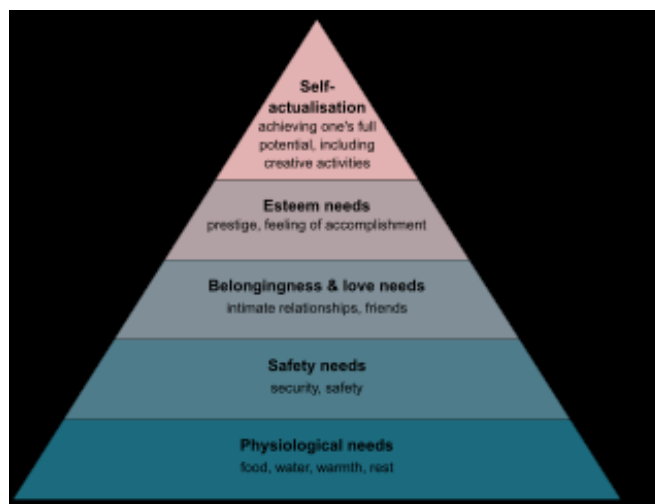
Over the last 6 weeks, I have been distressed to observe increased rates of what I believe to be unintended negative consequences of all of the great work we've been doing as a community to keep our COVID rates low. I'm not at liberty to offer details, but I will summarize by sharing that our experience is similar to what has been described by dozens of other Pediatric Emergency Directors from around the country.

In our pediatric emergency departments, we are seeing:

- Increases in mental health crises requiring inpatient care. Combined with a lack of beds, **kids are waiting weeks in emergency department rooms** to *start* their psychiatric care.
- Significant increases in **near-fatal suicide attempts** requiring admission to Pediatric Intensive Care Units.
- Increases in stress-related symptoms like abdominal pain and headache which sometimes lead to unnecessary radiation exposure as we attempt to differentiate between psychological and medical etiologies.
- Increases in injuries due to poor supervision.
- Increases in **physical abuse** and/or decreased reporting of suspected abuse resulting in kids being exposed to subsequent risk.

I believe I am witnessing the unintended consequences of the actions we took to protect our community.

Although not fully resourced to do so, our schools are relied up to both educate our children and to support our kids at nearly every level of Maslow's Hierarchy. I've seen some discussion on the educational merits of how well kids learn in the different models being discussed. I would suggest it's the other function of the schools that are most important to our community's kids right now (again, I refer you to Maslow below). Making decisions on what has been studied to deliver the best educational outcomes (under non-pandemic conditions), while disregarding the non-educational functions of our schools, minimizes the important role our schools serve for our children and their families.



At the risk of weighing imaginary apples and oranges, I offer a hypothetical example. We may have protected a grandparent from contracting COVID from a school-aged child with mild illness, but we've created a situation where a 9 year-old is tasked in watching her younger sibling, resulting in a serious burn from the hot oil that the younger child accidentally spilled on his face.

I was impressed by how quickly Northampton acted in the spring when the epidemic started. Our early decisions were based on the best information available. We didn't fully understand transmission modes and didn't have enough testing to have a sense of true community prevalence. **We were conservative and decisive and we likely prevented unnecessary bad outcomes.**

We are in a new phase now and our approach needs to shift to one that addresses each step by balancing the risk/benefit of doing *something* vs the risk/benefit of doing *nothing*. In addition, we need to embrace that we know much more now about transmission, we have access to better testing, and we can learn from the examples of other communities.

Vermont and Connecticut's experiences reflect what researchers from around the globe have been reporting. **Schools do not seem to be significant sources of community spread.**

I'm not advocating for any specific local plan but I'm writing to raise the alert that many of our children are suffering and some of the more vulnerable ones have been placed at extreme risk *because* of our actions to protect them. We owe it to them to consider the negative impact of our current practices as we make plans for the future.

In addition, I would urge us to explore ways to be more agile. A system that pushes us to re-evaluate and pivot more often might allow us to better take advantage of opportunities where our kids could experience some in-person learning without adding substantial risk.

Lastly, I remember how scared I was in March. When I chose my career path, I believed I was "signing up" to help other people's kids, but I was

not planning on risking my life for them. There was so much we didn't know then. It was hard, but I'm proud to say that along with the professionals whom I'm lucky enough to have a colleagues, I trusted what we did know, and acted accordingly. Because of mandatory masks and frequent hand-washing, healthcare workers in our area have infection rates lower than the general community. **My fear has been replaced by common sense practices that have become part of my routine.** I empathize with those who are scared like I was. I wish I could reassure them that they don't need to be scared. We have evidence to support that my experience is not unique.

As we listen to Dr. Fauci and follow scientifically-proven guidance, the situation beckons us to be thoughtful and thorough in our approach. Establishing risk (not fear)-based choices, rate-based approaches and reasonable mandates, I have hope that our community can pave the path with a bright future for all generations – but, particularly our children.

Thank you,

Joeli Hettler, MD